

**NOTICE OF CONTRACTING OPPORTUNITY
APPLICATION FOR NAVY CONTRACT POSITION
THIS IS NOT A CIVIL SERVICE POSITION
FH-07-04 11 FEBRUARY 2004**

I. IMPORTANT INFORMATION: APPLICATIONS MUST BE RECEIVED NO LATER THAN 3:00 PM EST, MARCH 15, 2004. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

Naval Medical Logistics Command
Acquisition Management Department
1681 Nelson Street, Attn: Code 02-22f
Fort Detrick, Frederick, MD 21702-9203

A. NOTICE. This position is set aside for an individual Radiation Therapy Medical Physicist. Applications from companies or corporations will not be considered. Applications from active duty Navy personnel who will be leaving Naval service, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will be considered.

B. POSITION SYNOPSIS. The Government is seeking to place under contract, an individual who is currently board certified or board eligible in Therapy Physics by a recognized organization (American Board of Radiology [ABR] or American Board of Medical Physics [ABMP]). The candidate must have at least five years experience as a medical physicist in a radiation oncology clinic. This individual must also (1) meet all the requirements contained herein; (2) competitively win this contract award.

You shall serve as a Radiation Therapy Medical Physicist, providing care and services to inpatients, outpatients, and medical and support staff for the Radiation Oncology Department located in the Naval Medical Center Portsmouth, VA.

You shall normally provide services Monday through Friday for an 8.5 hour shift (to include an uncompensated .5 hour for lunch). Alternate work hours can be established if mutually agreed upon by the applicant and the Division Head. In no instance would you be required to provide services in excess of 160 hours per four-week period. Your specific schedule for each 1-week period will be scheduled two weeks in advance by the Division Head. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other duties as a Radiation Therapy Physicist.

You shall not be required to provide services on the following 10 Federal Holidays: New Year's Day, Martin Luther King's birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.

You shall accrue 10 hours of paid leave (i.e. vacation and sick leave) per 80 hours worked or in an approved leave status. You shall be fully compensated for these periods of authorized leave.

This position is for a period beginning from the start date (a date agreed upon by the successful applicant and the Government) through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of “Commander” means Commanding Officer, Naval Medical Center, Portsmouth, VA, or designated representative, e.g., Technical Liaison, Department Head, or his/her authorized representative.

B. THE RADIATION THERAPY MEDICAL PHYSICIST AS A PERSONAL SERVANT. The services you are providing under this contract shall be rendered as personal services for the Navy, performing an agency function by providing direct medical care required by the Navy for its health care beneficiaries. Prior to performance of services, you shall submit to the technical liaison credentialing documents as required. Your activities shall be subject to day-to-day supervision and control by Navy personnel in a manner comparable to the supervision and control exercised over Navy uniformed and civil service personnel engaged in comparable work. The term “supervision and control” is defined as that process by which you receive technical guidance, direction and approval with regard to an element of work or a series of tasks within the requirements of this contract. It is the intent of the parties that these personal service contracts create an employer-employee relationship between you and the Navy. Accordingly, personal injury claims alleging negligence by you within the scope of your performance of this contract shall be processed as claims alleging negligence by DOD military or civil service employees. **You are not required to maintain medical liability insurance.**

C. DUTIES AND RESPONSIBILITIES. You shall perform a full range of Radiation Therapy Medical Physicist services for inpatients, outpatients, medical and support staff in support of the Radiation Oncology Division, using government furnished supplies, facilities and equipment within the assigned unit of the Medical Treatment Facility (MTF). Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

1. Maintain calibration of all treatment machines and radiation sources according to accepted protocols.
2. Assist in defining specifications for the purchase of new radiation therapy treatment related equipment and upgrades of existing equipment.
3. Perform acceptance testing, commissioning, calibration, and periodic quality assurance of therapy equipment.
4. Measure and analyze beam data for the treatment machines and assure that beam and source data are correctly entered into the treatment planning system and that beam data is tabulated in a form that is usable by the radiation therapists, dosimetrists, and radiation oncologists.
5. Along with the radiation oncologists and other members of the treatment planning team, establish treatment planning and delivery procedures.
6. Perform and supervise the determination of radiation dose distributions for patients undergoing treatment. Ensure accuracy of the plans, dosimetry calculations, dose totals, and their documentation in patient's charts. This includes 3-Dimensional conformal radiotherapy planning and delivery.
7. Ensure functioning and supervise the operation of the following technologies; Virtual Wedge, Electronic Portal Imaging Devices (EPID), Digital Reconstructed Radiographs, Virtual Simulation, and Multileaf Collimation.
8. Be knowledgeable of inverse treatment planning and the delivery of Intensity Modulated Radiation Therapy (IMRT).
9. Supervise the maintenance of the treatment machines.
10. Provide education and training for dosimetrists, radiation therapists, nurses, and technical staff.
11. Assist in the development and maintenance of quality assurance procedures within the division.

12. Perform or supervise all radiation monitoring, quality assurance, and safety requirements to ensure compliance with licensure requirements, hospital radiation safety regulations, and national standards of performance.
13. Ensure that teletherapy equipment is functioning safely.
14. Assist in simulations and treatment planning when needed.
15. Assist in brachytherapy procedures.
16. Attend weekly chart rounds.
17. Manage Radiation Oncology's Local Area Network Server and therapy data management system.
18. Supervise Radiation Oncology dosimetrists.
19. Participate in continuing education to meet own professional growth. The contractor will be allowed up to ten working days for continuing education functions. The contractor and the government will mutually agree upon the time allowed for these functions. The time allowed for continuing education is separate from allowed annual and/or sick leave.
20. Attend annual renewal of hospital provided annual training such as family advocacy, disaster training, infection control, sexual harassment, and blood-borne pathogens.
21. Perform limited administrative duties which include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS).
22. Demonstrate knowledge of computer skills to include computer networking such as Windows NT, local area network systems, and transferring electronic images and other information.
23. When more than one physicist is assigned, the distribution of duties will be determined by the division head.

D. MINIMUM PERSONNEL QUALIFICATIONS: To be qualified for this position, you must:

1. Possess a Masters Degree in Medical Physics or Health Physics.
2. Possess a minimum of 60 months experience within the preceding 84 months as a Radiation Therapy Physicist in a setting of similar size and complexity.
3. Be eligible for U.S. employment.
4. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a supervisor. The other letter must be from either clinic or hospital administrators, or practicing physicians or physicists. Reference letters must include name, title, telephone number, date of reference, address and signature of the individual providing reference.
5. Represent an acceptable malpractice risk to the Navy.
6. Possess and maintain current certification in Basic Life Support (BLS).
7. Submit a fair and reasonable price which has been accepted by the Government.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The

"Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Board certification.
2. Quality and Quantity of experience as a Radiation Oncology Physicist.
3. Previous experience with LANTIS, Siemens Primus and Mevatron units, CMS Focus planning system, and Wellhofer water-phantom.
4. Previous experience with 3-Dimensional conformal treatment system and knowledge of intensity modulated radiotherapy and inverse planning.
5. Candidates with demonstrated experience in computer applications programming and the ability to work in networking, Windows NT, Unix, etc. will receive a higher ranking.
6. The letters of recommendation required in item D.4, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc.
7. Continuing education courses.
8. Candidates with experience in a DOD facility may receive a higher ranking.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ Two copies of a completed, "Personal Qualifications Sheet" (Attachment 1)
2. _____ A completed Pricing Sheet (Attachment 2)
3. _____ Two copies of employment eligibility documentation (Attachment 3)
4. _____ A completed CCR Application Confirmation Sheet (Attachment 4)
5. _____ A completed Small Business Program Representations Form (Attachment 5)
6. _____ Two letters of recommendation per paragraph D.4. above.

G. OTHER INFORMATION FOR OFFERORS.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

As of June 30, 1998, all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. Please see Attachment 4 for additional information. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the RP. Any contractor who is not registered in CCR will NOT get paid. You may register in the CCR through the World Wide Web at <http://www.ccr.gov>.

A complete, sample contract is available upon request.

If you have any questions, please call (301) 619-2138 or e-mail acquisitions@nmlc.med.navy.mil, referencing "Code 22f" in the subject line. We look forward to receiving your application.

ATTACHMENT 001

PERSONAL QUALIFICATIONS SHEET – RADIATION THERAPY MEDICAL PHYSICIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Section D of the solicitation. **In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item IX of this Sheet.**
3. After contract award, all of the information you provide will be verified. At that time, you will be required to provide the following documentation verifying your qualifications: Education/Degree, Release of Information, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.
5. Additional Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges as appropriate.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

I. General Information

Name: _____ SSN: _____
 Last First Middle

Date of Birth: _____

Address: _____

Phone: (____) _____

Medical Information**YES NO**

1. Do you have any physical or mental impairment that could limit your clinical practice?

2. Have you been hospitalized for any reason during the past 5 years?

3. Are you currently receiving or have you ever received formal mental health therapy or treatment?

4. Are you currently receiving, or have you in the past ever received, treatment or therapy for any alcohol or drug-related condition?

5. Have you ever been unlawfully involved in the use of controlled substances?

II. Education**A. Institution (Section D, Item 1):**

a. Name of Accredited School:

Date of Training
(From) (To)

b. Type of Degree: _____

c. Location and Address of School:

III. Board Certification (Factor for Award):

_____ **Date of Certification (mm/dd/yy)**

IV. Other Certification(s): This should include BLS, etc. (Section D, Item 6).

Type of Certification and Date of Certification or Expiration : _____

V. **Professional Employment** (Section D, Item 2 and Factor for Award): List your current and preceding employers. Provide dates as month/year.

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
(1) _____		

	<u>From</u>	<u>To</u>
(2) _____		

	<u>From</u>	<u>To</u>
(3) _____		

Are you are currently employed on a Navy contract? If so where is your current contract and what is the position?

When does the contract expire? _____

VI. **Previous experience with, or knowledge of, the following units or systems:** (Factor for Award):

	<u>Yes</u>	<u>No</u>
LANTIS	_____	_____
Siemens Primus and Mevatron	_____	_____
CMS Force Planning Systems	_____	_____
Wellhofer Water-Phantom	_____	_____
3-Dimensional conformal treatment system	_____	_____
Intensity Modulated Radiotherapy/Inverse Planning	_____	_____
Computer Applications (networking, Windows NT Unix, etc).	_____	_____

VII. **Continuing Education** (Factor for Award):

Title of Course	From	To	CE Hours

VIII. **Employment Eligibility** (Section D, Item 3):

Yes No

Do you meet the requirements for U.S. Employment Eligibility? ____

IX. Professional References (Section D, Item 4)

Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a supervisor. The other letter must be from either clinic or hospital administrators, or practicing physicians or physicists. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

X. Previous experience in a DoD Facility (Factor for Award):

Name of Facility

Date(s) (From-To)

Name of Facility

Date(s) (From-To)**XI. Additional Information:**

Provide any additional information you feel may enhance your ranking based on Section E. Factors to be Used in a Contract Award Decision, such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

XII. I hereby certify the above information to be true and accurate:

(Signature)

(Date) (mm/dd/yy)

ATTACHMENT 002

**PRICING SHEET
PERIOD OF PERFORMANCE**

Services are required from 1 October 2004 through 30 September 2005. Four option periods will be included which will extend services through 30 September 2009, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION:

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Radiation Therapy Medical Physicists in the Portsmouth, VA area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform on behalf of the Government, the duties of a Radiation Therapy Medical Physicist at the Naval Medical Center, Portsmouth, VA in accordance with this application and the resulting contract.				
0001AA	Base Period; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AB	Option Period I; 1 Oct 05 thru 30 Sep 06	2080	Hour	_____	_____
0001AC	Option Period II; 1 Oct 06 thru 30 Sep 07	2080	Hour	_____	_____
0001AD	Option Period III; 1 Oct 07 thru 30 Sep 08	2096	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 08 thru 30 Sep 09	2088	Hour	_____	_____
TOTAL CONTRACT					_____

Printed Name _____

Signature _____ Date _____

ATTACHMENT 003

**LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A****LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C:**LIST B**

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS 1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal

6. Military dependant's ID Card

7. U.S. Coast Guard Merchant
Mariner Card

8. Native American tribal document

9. Driver's license issued by a
Canadian government authority

For persons under age 18 who
are unable to present a
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

4. Native American Tribal document

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident
Citizen in the United States
(INS Form I-179)

7. Unexpired employment
authorization document issued
by the INS (other than those
listed under List a).

ATTACHMENT 004

CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html> If you do not have internet access, please contact (301) 619-3124 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax this completed confirmation sheet to:

Naval Medical Logistics Command
ATTN: Code 22F
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

ATTACHMENT 005

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application, this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses, please provide the additional information requested below.

NOTE: This information will not be used in the selection process, nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).